

CALIFORNIA
NURSE ASSISTANT TRAINING

QUESTIONS AND ANSWERS

As a result of the Office of the Inspector General (OIG) November 2002 report on Nurse Aide Training, various stakeholders in California have contacted the Aide and Technician Certification Section (ATCS) requesting information about the status of Nurse Assistant Training in California. This section contains ATCS' response to the most frequently asked questions.

1. In California, is the nurse assistant training keeping pace with the needs of current nursing home residents?

In addition to the federal requirements, California has state statutory and regulatory provisions governing Nurse Assistant (NA) Training affecting the training programs to keep pace with the changing needs of elderly and frail residents in nursing homes. These needs are found in the following State statutes and regulations:

- Health and Safety Code (H&S Code), §1337.1, recognizing and reporting instances of resident abuse.
- H&S Code, §1337.3, requires each training program to maintain an average 60% test score passage rate to maintain its participation in the program.
- H&S Code, §1338.5, requires a criminal record clearance of all certified nurse assistant (CNA) applicants upon enrollment into a training program and prior to direct contact with residents.
- H&S Code, §1263(b) and (c), requires two hours of orientation time and five hours of in-service Dementia training on a yearly basis.
- California Code of Regulations, Title 22 (CCR, Tit. 22), §71833(e) requires 16 hours of orientation for newly hired NAs and CNAs. The 16 hours include communication, infection control, safety procedures (including Heimlich maneuver), and promoting resident independence and rights. The first 8 hours must be completed before there is any contact with the residents pursuant to section 71833(e)(1).
- CCR, Tit. 22, §71835(m)(1)(2), requires 150 training hours. Fifty (50) hours are theory training (in a classroom setting), and 100 hours must be supervised clinical training.
- CCR, Tit. 22, §71847(a), requires each facility to complete a performance review of each CNA and NA every 12 months.

- CCR, Tit. 22, §71847(e), requires a CNA to complete 24 hours of in-service training per year, with a total of 48 hours required to qualify for a two-year renewal of certification.
- CCR, Tit. 22, §71847(f), requires the Director of Staff Development (DSD) to utilize some in-service training time to focus on “special needs” of the residents at each individual facility.

2. What are the strengths and weaknesses of nurse assistant training in California?

STRENGTHS

- California requires 150 hours of training, while federal regulations only require 75 hours of training. California far exceeds the federal requirements of CNA training programs. The CCR, Tit. 22, regulations governing CNA training are presently being amended to increase classroom training from 50 to 60 hours. Only Missouri, which requires 175 hours of training in the OIG report, currently exceeds California's minimum required training hours. However, no state requires more than 100 hours of clinical training.
- The CNA training programs in California are diversified. The two main types of providers offering CNA training are Facility Programs (in-house), and Non-Facility Programs such as, community colleges, proprietary schools, and adult education/regional occupational programs (ROPs). There are approximately 1,000 CNA approved training programs operating in California.
- California requires that CNA applicants' submit fingerprints for a criminal background check by the Department of Justice before a certificate is issued.
- In California, 48 hours of in-service/continuing education is required every two years of the CNA before his/her certificate can be renewed.
- In California, the ATCS Training Program Review Unit (TPRU) within the Department of Health Services is responsible to approve, disapprove, monitor, and evaluate nurse assistant training programs. Although not all inclusive, some TPRU responsibilities are:
 - When a CNA training program is found out of compliance with federal and state requirements, the TPRU will notify it of the deficient practice. The training program must submit an acceptable plan of correction for approval or the program can be removed from the State's approved list of nurse assistant training programs.

- Before a new training program is approved, a TPRU nurse consultant conducts an onsite visit. The consultant uses specific criteria to determine if the new program is in full compliance with all the federal and state regulations.
 - Training programs are renewed by the TPRU biennially to determine if the training program's curriculum meets current requirements.
 - The curriculum is reviewed and must include the required 16 modules in each program for theory and clinical training. There must be separate lesson plans for each topic. Clinical skills must be taught in conjunction with classroom theory.
- A specialized checklist of 108 individual skills must be approved and checked off by a qualified instructor for the NA to successfully complete the CNA training program.
 - The CCR, Tit. 22, §71829(d)(1)(2) requires that the Director of Staff Development (DSD) and instructors must possess specific qualifications before being granted approval to teach a Nurse Assistant Training course.

WEAKNESSES

- The current required training hours (150 hours) are only the minimum state requirements. Although approved training programs have the option to provide additional hours of theory and clinical training, most programs only provide the minimum hours.
- The H&S Code, §1338.5 requires that all NAs submit fingerprints to the department for a criminal background clearance prior to certification. The criminal background clearance process can take from two to four months. The thousands of fingerprint cards and Live Scans resulting in criminal offender information records require thorough review by Fingerprint Investigation Unit (FIU) investigators. California attempts to prevent potential abuse and neglect of frail and elderly residents in nursing homes and other long-term care facilities by denying applicants' certification.
- The H&S Code, § 1337.9(a)(2) identifies 50 mandatory Penal Code violations that automatically prevent CNA certification. However, the H&S Code requires that applicants with non-mandatory convictions be allowed to work as NAs and continue to be employed at facilities providing direct patient care to residents, until ATCS either denies or clears the applicant for certification. Applicants with non-mandatory convictions, who then receive certification denial or revocation, may appeal the ATCS' decision through an administrative hearing.

- Training programs that refuse to correct serious non-compliances, identified by the Department, may be removed from the approved list of CNA training programs. However, current State law allows these training programs to reapply at anytime for reinstatement.
- Some nursing homes may discourage in-service training in a classroom or controlled learning experience. Such class time takes CNAs away from their time with residents.

3. What is the adequacy of the following training areas?

Performance of Training Programs

In California, a CNA training program performance is adequate when taught by qualified nurse instructors and state and federal training program requirements are met. Some training programs are better than others. The TPRU reviews all CNA training program test score percentage averages. H&S Code, Section 1337.3, requires a training program to maintain at least an average 60% test score passage rate.

Oversight of the Training Programs

The oversight of the training programs in California is good. California's Training Program Review Unit (TPRU) is a specialized unit that evaluates all CNA training programs before approval to operate. It is unknown if other states have a similar specialized unit to perform such functions.

The TPRU also conducts on-site visits, approves orientation and in-service training programs, Director of Staff Development/Instructor applications, and investigates complaints relating to these programs.

Amount of Training

According to the OIG report, the amount of training hours required by California is excellent compared to other states. Only Missouri, which provides 175 hours of training, exceeds California's current 150 required training hours. Both Missouri and California require 100 hours of clinical practice. Missouri's classroom theory is 75 hours, where California's is 50 hours. However, California amended H&S Code, § 1337.3 to increase the classroom theory hours from 50 to 60.

Quality and Relevance of the Training Curriculum

In California, the quality and relevance of the NA training curriculum is adequate when it is in accordance with state and federal requirements, and it satisfies the needs of dependent residents in nursing homes and intermediate care facilities. The CNA performs basic patient care services directed at the safety, comfort,

personal hygiene and protection of patients. These services shall not include any services that may only be performed by a licensed nurse or other licensed professional.

Mix of Clinical and Classroom Training

The mix of clinical and classroom training is very adequate because California law now requires 60 hours of theory, and 100 hours of clinical skills training. The Title 42 Code of Federal Regulations (42 CFR), §483.152(a)(1) requires 75 hours of total training. In addition, CCR, Tit. 22, §71835(m)(1) requires a one-to-fifteen (1:15) instructor to student ratio for clinical skills training. This allows for adequate clinical supervision. In California, clinical training must be conducted in conjunction with theory training.

Effectiveness of the Testing Process

California's competency evaluation program is contracted to the American Red Cross and the Chancellor of the California Community Colleges (NATAP). Based on the test score passage rates of candidates submitted by the CNA competency testing vendors, the testing process appears to be effective. However, California has encountered certification fraud rings affecting CNA certification, and competency testing (the use of false picture IDs and Social Security numbers by applicants). The Department of Justice is actively investigating certification fraud and the Office of the Attorney General is prosecuting criminal offenders.

Orientation Program

The CCR, Tit. 22, §71833 requires a 16-hour orientation program. This must include 8 hours of specific subjects provided before any patient contact is made. These specific subjects to be provided during orientation training before any patient contact are:

- Tour of the facility.
- Description of the patient population.
- Description of daily routine of the patients.
- Demonstration of the use of equipment.
- Dementia specific training (minimum of 2 hours).
- Instruction in the prevention and management of catastrophic and other unusual occurrences.
- Introduction to basic patient care that includes supervised clinical training prior to a direct assignment (minimum of 3 hours).

Quality on In-Service Training Programs

The adequacy of the quality of in-service training programs is adequate when the requirement of CCR, Tit. 22, §71847(e) is met. This section requires 24 hours of varied in-service training per year. The in-service training should be based on:

- Enhancement of basic knowledge and skills learned in certification training.
- Areas of weakness determined by performance reviews.
- The determination of the special needs of the patients.

The adequacy of the quality of the in-service training programs is enhanced by the review, approval, and renewal process conducted by the Training Program Review Unit.

4. What information supports ATCS' views?

The ATCS' TPRU nurse evaluators perform CNA training, orientation and in-service program reviews. Also, the unit reviews and approves the qualifications of DSD/Instructor applications; conducts training program surveys and complaint investigations; monitors training program test score percentage passage rates submitted by competency testing vendors, and provides consultation to CNA training programs on request.

5. Would ATCS recommend any changes to the current training and testing requirements?

Yes. Although the current minimum training requirements are considered adequate, ATCS believes there is always room for improvement. Any increase in theory and clinical skills training would enhance the expertise and confidence of the new CNA. In addition, any increase in CNA training would also benefit the health, safety and security of nursing home residents.

A required "standardized curriculum" for CNA training programs could ensure more consistent training statewide. However, the possibility of developing such a standardized curriculum may not be feasible at the present time due to budgetary concerns and the diversity and number of individual training programs.

No changes to the testing requirements are recommended because no information has been received indicating that the testing requirements need to be revised. In 2002, ATCS met with the CNA competency testing vendors and reviewed samples of questions on the exams currently utilized for testing. The Department found that all competency exam questions were keeping pace with the needs of elderly residents in nursing homes.

One finding in the OIG report (page 10) is that nurse aide training has not kept pace with nursing home industry needs.

“The need for training related to caring for residents with greater needs was voiced also by nurse aides and trainers. Specific skills mentioned by nurse aides include: catheter and colostomy care, lifting (e.g. Hoyer lift), skin care, feeding, hydration, infusion therapies, and dealing with behavioral problems. Nurse aide trainers and supervisors point to the need for more information on specific diseases, such as diabetes, pneumonia, and cancer. These respondents further commented that nurse aides also need knowledge of medical equipment used by residents, such as feeding tubes and ventilators.”

Although the nursing home industry’s desire for more nurse aide training is commendable, care must be taken in what specific training is given. In California, State requirements prohibit a CNA from performing any nursing functions that must be performed by a licensed health care professional. Some examples of procedures that a CNA may not perform are:

- Invasive procedures
- Pass/administer medications or give injections (This includes the administration of any medication associated with treatment of eyes, ears, nose, mouth, or genitourinary tract.)
- Colostomy care or apply wafer to skin
- Insert, irrigate, or replace catheters
- Suctioning
- Sterile procedures (dressing changes, debridement, and tracheotomy care)
- Administering gastrostomy or naso-gastric feedings
- Administer oxygen